

SPRING 2015 Charter School Planning and Implementation Grant Application

Deadline for Receipt: 4:00 p.m., Thursday, February 5, 2015



Arkansas Department of Education

Public Charter School Office Four Capitol Mall, Room 401-B Little Rock, AR 72201

CONTACT INFORMATION

| Sponsoring Entity | |
|---|--|
| Name of Charter School | |
| Name of Contact Person | |
| Contact Person Phone Number | |
| Contact Person Email Address | |
| School Address | |
| Planning Grant Amount Requested (NOT TO EXCEED \$200,000) | |
| Implementation Grant Amount Requested (NOT TO EXCEED \$263,800) | |
| DUNS Number Status (Must obtain before federal grant funds can be released to the charter.) | |

The contact person named must be the person designated in the board resolution with the authority to negotiate the grant.

1. PLANNING GRANT

- a) Explain the ways in which the planning grant will assist the charter school with planning before implementation funds are available and the charter school opens.
 Respond below in Times New Roman Font Size 12. Limit the response to 2 pages.
- b) Clearly explain which academic goals, outlined in the charter application that was approved by the authorizer, would be supported by the planning funds and the ways in which this funding will help the students to achieve these goals.

 Respond below in Times New Roman Font Size 12. Limit the response to 2 pages.

Complete the planning grant budget and descriptions in the first two spreadsheets of the 2015 Planning and Implementation Grant Budget Worksheets, the Excel document provided as part of the application packet.

2. IMPLEMENTATION GRANT

- a) Provide the demographics of the community in which the charter is located, including surrounding school districts and the demographics of their student populations.
 Respond below in Times New Roman Font Size 12. Limit the response to 2 pages.
- b) Provide a description of the student population that will benefit from the implementation funding, including the number of students to be served during the first two years of charter operations.
 Respond below in Times New Roman Font Size 12. Limit the response to 1 page.
- c) Explain how the funding requested for each project is appropriate for the number of students who will benefit.
 - Respond below in Times New Roman Font Size 12. Limit the response to 3 pages.
- d) Clearly explain which academic goals, outlined in the charter application that was approved by the authorizer, would be supported by the implementation funds and the ways in which this funding will help the students to achieve these goals.

 Respond below in Times New Roman Font Size 12. Limit the response to 2 pages.

Complete the implementation grant budget and descriptions in the last two spreadsheets of the 2015 Planning and Implementation Grant Budget Worksheets, the Excel document provided as part of the application packet.

CHARTER SCHOOL GOALS

- Due Date: Set a due date for each goal
- Charter Goal: List each goal from your approved charter application
- Evaluation Method: List the method that will be used to show progress or attainment of the goal
- Date Met: Enter after you evaluate and provide a description of your progress or attainment of the goal
- Evaluation Description: Evaluate the progress toward reaching each goal, identify barriers to achieving each goal, if any; and explain how students were helped to meet each goal and/or challenged to excel beyond each goal. Describe how the grant helped support the process.

| DUE DATE | CHARTER GOAL | EVALUATION METHOD | DATE MET (to be completed when after goal is met) | EVALUATION DESCRIPTION (to be completed after goal is met) |
|----------|-----------------|----------------------|--|--|
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PEER REVIEW OF GRANT APPLICATIONS

Please provide the name, contact information, and a resume for three people who are willing to

| participate in the peer review process. |
|---|
| Name: |
| Phone Number: |
| Email Address: |
| Resume Attached: Yes/No |
| |
| Name: |
| Phone Number: |
| Email Address: |
| Resume Attached: Yes/No |
| |
| Name: |
| Phone Number: |
| Email Address: |
| Resume Attached: Yes/No |